

**OSAH FORM 1**This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

<b>OSAH USE ONLY DOCKET NUMBER:</b>	<b>AGENCY DCH</b>	<b>CASE CODE</b>	<b>DOCKET NUMBER</b>	<b>COUNTY</b>	<b>JUDGE</b>
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**NAME OF REFERRING AGENCY: DEPARTMENT OF COMMUNITY HEALTH (DCH)****DATE OF HEARING REQUEST:** \_\_\_\_\_**COUNTY OF PROVIDER'S RESIDENCE OR PLACE OF BUSINESS:** \_\_\_\_\_

<b>MEDICAID PROVIDER REFERRALS: SELECT ONLY ONE TYPE OF CASE</b>	<b>DATE DCH RECEIVED PROVIDER APPEAL:</b> _____
<input type="checkbox"/> <b>PROE</b> (Medicaid Provider Enrollment Issues) <input type="checkbox"/> <b>PROP</b> (Medicaid Provider Payment Issues) <input type="checkbox"/> <b>PTERM</b> (Medicaid Provider Termination Issues)	

**CONTACT PERSON IN REFERRING AGENCY:**

<b>NAME:</b>	<b>TEL NO:</b>	<b>FAX NO:</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST</b>	<b>POSITION</b>	<b>EMAIL:</b>
		<b>PAGER:</b>

**ATTORNEY FOR REFERRING AGENCY:**

<b>ATTORNEY NAME:</b>	<b>TEL NO:</b>	<b>FAX NO:</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE</b>	<b>GEORGIA BAR NO:</b>	<b>EMAIL:</b>
		<b>PAGER:</b>

**PROVIDER**

<b>NAME:</b>	<b>TEL NO:</b>	<b>FAX NO:</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST</b>		<b>EMAIL:</b>
		<b>PAGER:</b>
<b>IF NON-AGENCY PARTY IS A CORPORATION, INDICATE REGISTERED AGENT:</b>	<b>TEL NO:</b>	<b>FAX NO:</b>
<b>ADDRESS OF REGISTERED AGENT INCLUDING ZIP CODE:</b>	<b>RELATIONSHIP TO CORPORATION:</b>	<b>EMAIL:</b>
		<b>PAGER:</b>

**PROVIDER'S ATTORNEY:**

<b>ATTORNEY NAME:</b>	<b>TEL NO:</b>	<b>FAX NO:</b>
<b>CURRENT ADDRESS INCLUDING ZIP CODE</b>	<b>GEORGIA BAR NO:</b>	<b>EMAIL:</b>
		<b>PAGER:</b>

**PARTY REQUESTING THE HEARING:** ☐ REFERRING AGENCY ☐ PROVIDER ☐ PROVIDER'S ATTORNEY  
**FOR PURPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE** ☐ PETITIONER ☐ RESPONDENT.

**DOCUMENT INITIATING THE HEARING:** As "Attachment 1" to this form, attach the document initiating the hearing.**ISSUES TO BE RESOLVED:** As "Attachment 2", attach an outline of legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.**SPECIAL REQUIREMENTS:** As "Attachment 3", attach a sheet identifying any statutes or rule (state or federal) establishing any specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.**SERVICE OF DOCUMENTS:** In addition to routine service on the agency's attorney, the agency contact person requests the following:

- ☐ No service of documents prior to certification of the file to the agency after a decision  
☐ Service of all documents prior to certification of the file to the agency after a decision  
☐ Service of a copy of the notice of hearing ☐ Service of a copy of a continuance ☐ Service of copy of any interim orders.

**All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.**